	Yes	No	No Response
17. Do you want to talk to a mental health counselor?	✓		
18. Are you allergic to any medication?	✓	Tylenol	
19. Have you recently fainted or had a head injury?	✓	11/04	
20. Do you have epilepsy?		✓	
21. Do you have a history of tuberculosis?		✓	
22. Do you have diabetes?		✓	
23. Do you have hepatitis?		✓	
24. Do you have a painful dental problem?		✓	
25. Do you have any medical problem we should know about?		✓	
26. Do you have a past alcohol or drug history?	✓		

What type? _____ How much use? long

For how long? 9 yrs Last time used? 1995

Comments: (Unusual behavior, etc.)

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For the Officer:

27. Was the new inmate briefed on sick/dental call procedures? X

28. This inmate was:
a. Released for normal processing C
b. Referred to appropriate health care unit
c. Immediately sent to health care unit

G Brown
Officer's Signature

Note: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Richard W Wright 187140
Inmate's Signature

PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Susie Oliver (Aunt)
Name **Relationship**

223 Vero Court (334) 749-1742
Street Address **Phone Number**

Opelika AL 36801
City **State** **Zip Code**

Richard W. Wright 187140 083-58-5792 4-26-05
Inmate Signature **AIS#** **SS#** **Date**

C Hunter, LPN 4-26-05
Witness **Date**

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INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Wright, Richard	187140	8/15/67	BM	VCF

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name: Susie Oliver — Relationship: Aunt

Street Address: 223 Vero Ct. — Phone Number: (334) 749-1749

City: Opelika — State: Al — Zip Code: 36801

Inmate Signature: Richard W. Wright — Doc#: #187140 — S.S.#: — Date:

Witness: M. Cabaniss RN — Date:

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INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
Wright, Richard	187140	8/15/67	BM	Bullock

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

PC 3A-3P
x90d
(7.21→10.21.05)

Date: 7.21.05

To: DOC

From: HCU

Inmate Name: Wright, Richard **ID#:** 187140

The following action is recommended for medical reasons:

1. House in
2. Medical Isolation
3. Work restrictions ÷ pr arch support insoles x 6 mo. (7.21→1.21.06)
4. May have extra until
5. Other OK for Master lock x ÷ yr (7.21.05→7.21.06)

Comments:

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Date: 7.21.05 **MD Signature** Floyd, CRNP **Time:** 1140

60418

Richard W Wright, Sr.

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Wright, Richard
LAST FIRST MI

DATE OF BIRTH 8-15-67 AIS ~~SS#~~ 187140

Housing Recommendations:

General Population_____
Medical Observation Unit_____
Lower Level/Lower Bunk_____
Suicide Precautions_____
Special Watch (15 Minute Checks)_____
Isolation_____
Initiate Universal Precautions_____

To HCU 7/21 Thur. @ 8 AM for apt. w/ Ms Floyd.

Individual found to be:

Frail/Elderly_____
Physically Handicapped_____
Developmentally Disabled_____
Drug/Alcohol Withdrawal_____
Special Mental Health Needs_____
Expressed Suicidal Ideation_____
History of Seizures_____
Other_____
Specify_____

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Nurse [signature] Date 7-18-05

Richard W Wright Sr. #187140

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Wright, Richard
LAST FIRST MI

DATE OF BIRTH 8-5-67 ~~SS#~~ 187140

Housing Recommendations:

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

Benzoyl H_2O_2 topical to affected area daily X 30 days 5-16 to 6-16-05 (KOP)

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____

Specify____

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Nurse [signature] Date 5-16-05

Richard Wright

GLF 1005 Original/Classification Second Copy/Booking Staff Third Copy/Medical Unit

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Wright, Richard 187140
LAST FIRST MI

DATE OF BIRTH 8/15/67 **SS#** 083-58-5792

Housing Recommendations:

General Population____
Medical Observation Unit____
Lower Level/Lower Bunk____
Suicide Precautions____
Special Watch (15 Minute Checks)____
Isolation____
Initiate Universal Precautions____

Benzoyl peroxide 10% everyday x one month) 3-23-05 – 4/22/05 KOP

Pill call time is 3A/3P as needed x one month) 3/23/05 – 4/22/05

Individual found to be:

Frail/Elderly____
Physically Handicapped____
Developmentally Disabled____
Drug/Alcohol Withdrawal____
Special Mental Health Needs____
Expressed Suicidal Ideation____
History of Seizures____
Other____
Specify_____

Nurse G Johnson LPN Date 3/23/05

Richard W. Wright 187140

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 2/ 1/05

To: Inmate

From: Medical

Inmate Name: Wright Richard **ID#:** 187140

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Benzoyl Peroxide x 20 days.
Expired 3/17/05

Date: 2/1/05 **MD Signature:** Dr Siddiq Bobby **Time:** 2100

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 11/25/05

To: Inmate

From: Bullock Correctional HCA

Inmate Name: Wright, Richard **ID#:** 187140

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Apply antifungal cream to affected area(s) x 20 days. Expires 12/15/05 - Keep on Person

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Date: 11/25/05 **MD Signature:** Dr Siddiqui **Time:** 0930

60418

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 11/24/04

To: Inmate

From: Bullock Correctional HCA

Inmate Name: Wright, Richard **ID#:** 187140

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

(1) Apply Triamcinolone cream to affected area(s) x 28 days. Exp: 12/14/04 - Keep on Person

(2) Apply antifungal cream to affected area(s) x 28 days. Exp 12/14/04 - Keep on Person

Date: 11/14/04 **MD Signature:** Dr Siddiqui **Time:** 1300

60418